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**DATE:** October 6, 2003

**RECIPIENT INFORMATION**

To: Examiner Jamisue A. Webb  
Art Unit: 3761

**SENDER INFORMATION**

Mary B. Grant

Voice Tel. No.:

Voice Tel. No.: 1.919.941.8830

Fax Tel. No.: 1.703.872.9302

Sent By: Sandra

Your Ref.: 09/937,326

Our Ref.: 019219-013

Total Pages: 15 pages

**MESSAGE:**

Please see attached response to the Official Action mailed June 6,2003.

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(BDSM 8/00)

Patent  
Attorney Docket No. 019219-013

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of

Arie Cornelis BESEMER et al.

Application No.: 09/937,326

Filing Date: September 25, 2001

Title: Hygienic Absorbent with Odour Control

Group Art Unit: 3761

Examiner: Jamisue A. WEBB

Confirmation No.: 9428

**AMENDMENT/REPLY TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- A Petition for Extension of Time is also enclosed.
- Terminal Disclaimer(s) and the  \$55.00 (2814)  \$110.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.
- Also enclosed is/are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Small entity status is hereby claimed.
- Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the  \$385.00 (2801)  \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- Applicant(s) previously submitted \_\_\_\_\_  
\_\_\_\_\_  
on \_\_\_\_\_  
for which continued examination is requested.
- Applicant(s) requests suspension of action by the Office until at least \_\_\_\_\_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

Attorney Docket No. 019219-013

Application No. 09/937,326

- No additional claim fee is required.
- An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	10	MINUS 20 =	0	x \$18.00 (1202) =	\$ 0.00
Independent Claims	2	MINUS 3 =	0	x \$86.00 (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add \$290.00 (1203)					
Total Claim Amendment Fee					
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					
<b>TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT</b>					
<b>\$ 0.00</b>					

- A total fee in the amount of \_\_\_\_\_ is enclosed.
- Charge \_\_\_\_\_ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER &amp; MATHIS, L.L.P.

P.O. Box 1404  
Alexandria, Virginia 22313-1404  
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Date: October 6, 2003

By Mary B. Grant  
Mary B. Grant  
Registration No. 32,176

I hereby certify that this correspondence is being by facsimile transmission to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, to the following facsimile number:

Facsimile Number: 703.872.9302

Date of Transmission: October 6, 2003

Sandra B. Payne  
Sandra B. Payne  
Typed Name: